utah School and Early Childhood Program



Immunization Guidebook 2007

For Health Care Providers



UTAH SCHOOL & EARLY CHILDHOOD PROGRAM IMMUNIZATION GUIDEBOOK

INTRODUCTION

The Utah Immunization Program and the Utah State Office of Education are pleased to provide you with the *Utah School & Early Childhood Program Immunization Guidebook*. This guidebook is designed to help health care providers understand how the Utah Immunization Rule for Students (R396-100) applies to the children they serve. A similar guidebook for school and early childhood program personnel is available to help those who administer the rule in a school setting. It has been designed to be used in conjunction with the Utah Immunization Rule for Students which has been included in this guidebook as Appendix A.

Prior to the implementation of a statewide school entry law for immunizations in 1975, school districts and some local boards of health set immunization requirements jointly or independently for school aged children. Upon its implementation, consistent requirements have protected children attending Utah's schools and early childhood programs from many vaccine-preventable diseases. These diseases in the past caused significant illness and death. The success of the Immunization Rule for Students is a direct result of the tremendous collaboration among school and early childhood program personnel, health care professionals, and parents.

The Utah Immunization Program and the Utah State Office of Education recognize that immunization schedules are very complex and often require a great amount of time and effort to ensure Utah's children are adequately protected from many of these diseases. We appreciate your continued support for the Immunization Rule for Students and your dedication to Utah's children. If you have any questions concerning immunization requirements, please call the Utah Immunization Program at (801) 538-9450, or contact your local public health department.

Sincerely,

George W. Delavan, MD Division Director Community and Family Health Services Utah Department of Health



Patrick Ogden Associate Superintendent Data and Business Services Utah State Office of Education



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The following pages outline each required vaccine and the schedule to be followed, including minimum intervals between each dose of vaccine. student has fallen behind schedule, the minimum interval table (see p. 16) may be used to get the student "up-to-date". Otherwise, the recommended schedule should be followed as outlined. As every possible variation to the schedule can not be explained here, if there are questions about a particular schedule, please contact the Utah Immunization Program at 801-538-9450.

SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS



DIPHTHERIA, TETANUS, PERTUSSIS

A student must be immunized for Diphtheria, Tetanus, and Pertussis before entering a Utah school or early childhood program for the first time. The following three schedules apply to the administration of Diphtheria, Tetanus, and Pertussis:

1. <u>Schedule 1</u>: A student must receive five doses of Diphtheria, Tetanus, and acellular Pertussis (DTaP), or Diphtheria, Tetanus, and whole cell Pertussis (DTP), or pediatric Diphtheria and Tetanus (DT). Administer the 1st three doses a minimum of one month apart, the 4th dose six months or more after the 3rd dose. The 5th dose (booster dose) is required before the student enters kindergarten. (If the 4th dose is administered after a student's fourth birthday, the 5th dose is not needed). DTaP is currently recommended for all doses of the series.

A student who has received 6 or more doses before the 7th birthday does not require more, regardless of spacing.

(William L. Atkinson, MD, MPH - CDC National Immunization Program)

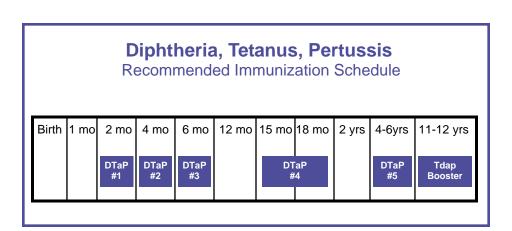
For students in these situations, proper documentation including the date, initials and an approval statement on student's immunization record is strongly recommended to avoid confusion in the future.

- 2. <u>Schedule 2</u>: A student who is seven or older and who has not completed the series must receive three doses of adult Tetanus and Diphtheria (Td). The 1st two doses must be given a minimum of one month apart, and the 3rd dose six months after receiving the 2nd dose. If the series was started before the student's seventh birthday with DTaP, DTP, or DT, the prior doses may be counted toward the three-dose schedule of Td.
- 3. <u>Schedule 3:</u> A student who is seven and has not received any of the Tetanus or Diphtheria vaccines must receive three doses of adult Td. The 1st dose must be administered before school entry and the 2nd dose at a minimum of one month after receiving the 1st dose. The 3rd dose must be administered six months after the 2nd dose.

TETANUS, DIPHTHERIA, PERTUSSIS BOOSTER

Commencing with the 2007-2008 school year, a student must receive a booster dose of Tetanus, Diphtheria, Pertussis (Tdap) prior to entering the seventh (7th) grade. It is recommended this dose be given at age 11-12 years, if at least 5 years have elapsed since the last dose of DTaP/DTP/DT.

NOTE: If a student received a Td booster prior to turning 11 years of age and it was at least 5 years since the last dose of DTaP, it should be accepted. (The student may have received a dose of Td prior to age 11 for wound management.)





A student must be immunized for Polio before entering a Utah school or early childhood program. Students born <u>after July 1, 1993</u> are to be immunized according to one of the following three schedules:

- 1. <u>All IPV schedule:</u> A student must receive four doses of Inactivated Polio Vaccine (IPV). The 1st three doses must be administered a minimum of one month apart. The 4th dose of IPV must be administered according to the following three conditions:
 - (a) on or after the student's fourth birthday; and
 - (b) a minimum of one month after receiving the 3rd dose of IPV; and
 - (c) before a student enters a Utah school for the first time.

NOTE: If the 3rd dose is administered on or after a student's fourth birthday; the 4th dose is not required.

Inactivated Polio (IPV) is currently recommended for all doses of the polio series. OPV is no longer available, however, the following two schedules are included for those reviewing immunization records for compliance purposes.

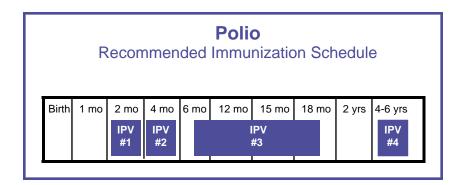
- 2. <u>Combination IPV/OPV Schedule:</u> A student must receive sequential administration of two doses of IPV followed by two doses of Oral Polio Vaccine (OPV) for a total of four doses. The 1st three doses, two IPV and one OPV must be administered a minimum of one month apart. The 2nd dose of OPV must be administered according to the following three conditions:
 - (a) on or after the student's fourth birthday; and
 - (b) a minimum of one month after receiving the first dose of OPV; and
 - (c) before a student enters a Utah school for the first time.

If a combination of OPV and IPV is administered, four doses are required.

- 3. <u>All OPV Schedule:</u> A student must receive four doses of OPV. The 1st three doses must be administered a minimum of one month apart. The 4th dose of OPV must be administered according to the following three conditions:
 - (a) on or after the student's fourth birthday;
 - (b) a minimum of one month after receiving the third dose of OPV; and
 - (c) before a student enters a Utah school for the first time.

NOTE: If the 3rd dose is administered on or after a student's fourth birthday; the 4th dose is not required.

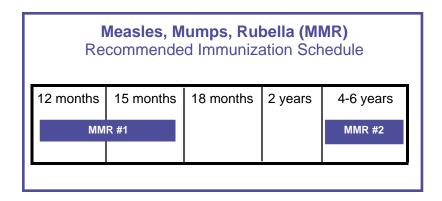
Students born before July 1, 1993, may have been immunized with 3 OPV or 4 IPV based upon recommendations at the time the student entered school. For students in this situation, proper documentation including the date, initials and approval statement on student's immunization record is strongly recommended to avoid confusion.



MEASLES, MUMPS, RUBELLA

- 1. Commencing with the 2007-2008 school year, a student attending school, kindergarten through twelfth grade must receive two doses of a measles, mumps, rubella -containing vaccine. The 1st dose must be given on or after the student's first birthday. The 2nd dose must be given prior to entering kindergarten. The minimum interval between doses one and two is one month (4 weeks).
- 2. A student one-year of age or older attending an early childhood program must have received one dose of measles-containing vaccine before school entry.

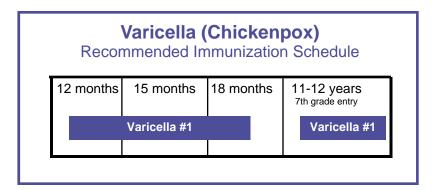
If the first dose was given *before* the student's first birthday, it does not count as a valid dose and must be repeated.





- 1. A student born <u>after July 1, 1996,</u> must receive one dose of Varicella (chickenpox) vaccine prior to kindergarten entry. This dose must be given **on** or **after** the student's **first** birthday. If the Varicella vaccine is NOT given on the same day as the MMR, a minimum of 28 days should separate the two vaccines. Otherwise, MMR and Varicella may be administered on the same day, provided the student is at least one year old.
- 2. Seventh grade entry Commencing with the 2006-2007 school year, a student born after July 1, 1993, must receive one dose of Varicella (chickenpox) vaccine prior to entering the seventh (7th) grade. If the student is 13 years old at the time of the first dose, two doses of Varicella vaccine must be given at least four weeks apart.
- 3. If a student has a history of the chickenpox disease, the parent/guardian must sign the official Utah School Immunization Record (USIR) or "pink card" stating the student has had the chickenpox disease and does not need the Varicella vaccine. This applies to both kindergarten entry and seventh (7th) grade entry.

Parental verification is acceptable for the Varicella vaccine ONLY. All other immunizations require written documentation as proof of immunization.



Varicella is not required for attendance in any early childhood program.

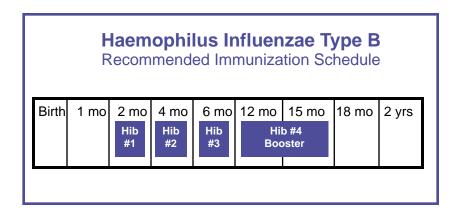


HAEMOPHILUS INFLUENZAE TYPE B (HIB)

A student attending an early childhood program before the fifth birthday must be immunized for Haemophilus Influenzae Type b (Hib). Hib is not required nor recommended after a student's fifth birthday and therefore, is not a requirement for entry into kindergarten.

Because dosing schedules vary according to vaccine manufacturers, proper documentation of each dose, including the date, initials, and approval statement on student's immunization record is recommended to avoid confusion in the future.

Recommended Schedule – The recommended minimum age to begin Hib series is six weeks of age. The recommended minimum interval between Hib doses is one month. The booster dose of Hib vaccine following the primary series should be administered no earlier than 12 months of age and at least 2 months after the previous dose of Hib vaccine.



Delayed Schedule – This schedule is for children in whom initial immunization is delayed until 7 months of age or older.

Age at Initial Immunization	Total Number of Doses To Be Administered	Recommended Regimen	
7-11 months	3	2 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose)	
12-14 months	2	2 doses, 2 months apart	
15-59 months	1	1 dose	
60 months and older	1 or 2	Only for children with chronic illness known to be associated with an increased risk for Hib disease.	

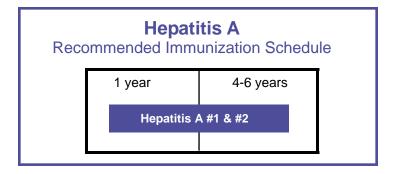
Lapsed Schedule – This schedule is for children with a lapse in administration. This takes into account previous vaccination history.

Age at Presentation	Previous Immunization History	Recommended Regimen	
7-11 months	1 dose of HbOC (HibTiTER) or PRP-T (ActHIB) 1 or 2 doses at 7-1 (depending on age booster dose at 12-15 n (2 months after previous control of the control o		
7-11 months	2 doses of HbOC (HibTiTER) or PRP-T (ActHIB), or 1 dose of PRP-OMP (Pedvax)	1 dose at 7-11 months; booster dose at 12-15 mo. of age (2 months after previous dose)	
12-14 months	2 doses before 12 mo. of age	1 dose (2 months after previous dose)	
12-14 months	1 dose before 12 mo. of age	2 doses separated by at least 2 months	
15-59 months	Any incomplete schedule	1 dose	



1. A student born <u>after July 1, 1996</u>, must receive two doses of Hepatitis A vaccine prior to kindergarten entry. The 1st dose must be given **on** or **after** a student's **first** birthday. The 2nd dose must be administered a minimum of six months after the 1st dose.

Hepatitis A is not required for attendance in any early childhood program.



Two doses may be given anytime after 1 year of age, provided there has been at least 6 months between doses. The second dose must be completed prior to entering kindergarten.

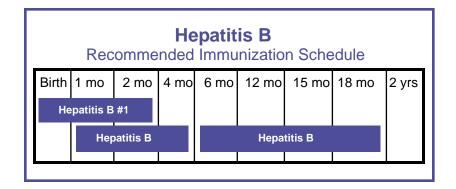
For auditing purposes:
7 days = 1 week
28 days = 4 weeks
4 weeks = 1 month

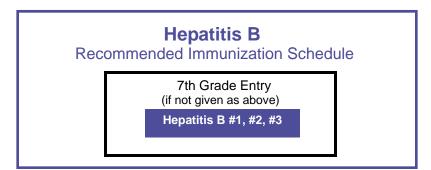


- 1. A student born <u>after July 1, 1993</u> must be immunized for Hepatitis B before entering a Utah school. The first two doses must be given a minimum of one month apart. The third dose must be given according to the following three conditions:
 - a. The student is a minimum of six months of age;
 - b. A minimum of two months after receiving the second dose;
 - c. The minimum interval between dose one and dose three is four months.

NOTE: condition (a) must be met before (b) and (c).

2. Commencing with the 2006-2007 school year, a student born after July 1, 1993, must be immunized for Hepatitis B prior to entering the seventh (7th) grade. Immunizations previously given according to the above schedule satisfy this requirement.



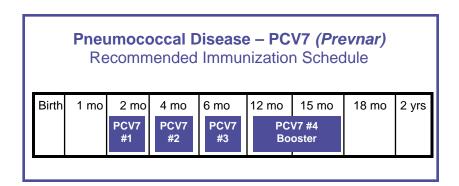


PNEUMOCOCCAL CONJUGATE (PCV7)

PCV7 (brand name – *Prevnar*) is <u>not required</u> for attendance in any early childhood program or school facility.

Recommended Schedule – The recommended minimum age to begin PCV7 is six weeks of age. The recommended minimum interval between doses for infants \leq 12 months of age is 4 weeks. Doses given at \geq 12 months of age should be separated by at least 8 weeks. PCV7 is not routinely given to *previously* vaccinated children over 24 months of age.

NOTE: Also consider vaccination of children 24-59 months of age. Priority given to children 24-35 months of age, children of Alaskan Native, American Indian or African American descent, and children who attend group day care (defined as any setting outside the home where a child regularly spends more than 4 hours per week with ≥ 2 unrelated children under adult supervision).



Delayed Schedule – This schedule is for children in whom initial vaccination is delayed.

Age at Initial Immunization	Total Number of Doses To Be Administered	Recommended Regimen
2-6 months	4	3 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose)
7-11 months	3	2 doses, 2 months apart; booster dose at 12-15 mo. of age (2 months after previous dose)
12-23 months	2	2 doses, 2 months apart
Healthy children 24-59 months	1	1 dose now
Chronically ill children [§] 24-59 months	2	2 doses, 2 months apart

[§] Children with sickle cell disease, asplenia, human immunodeficiency virus (HIV) infection, chronic illness, or other immunocompromising conditions.

Lapsed Schedule – This schedule is for children with a lapse in administration. This takes into account previous vaccination history.

Age at Presentation	Previous Immunization History	Recommended Regimen	
7-11 months	1 dose at 7-11 mo.; 1 months 1 booster dose at 12-15 mo. (2 months after previous d		
7-11 months	2	1 dose at 7-11 mo.; booster dose at 12-15 mo. of age (2 months after previous dose)	
12-23 months	1 dose /2 months after previous		
12-23 months	1 dose before 12 mo. of age	2 doses, 2 months apart	
24-59 months	Any incomplete schedule	1 dose	

SECTION 2 SUMMARY OF REQUIREMENTS



SCHOOL ENTRY REQUIREMENTS FOR **GRADES K-12**

A student born AFTER July 1, 1986

- * 5 DTP/DTaP/DT
- 3 OPV or 4 IPV
- 2 Measles, Mumps, Rubella

A student born AFTER July 1, 1993 and entering Kindergarten * 5 DTP/DTaP/DT

- ** 4 Polio
 - 2 Measles, Mumps, Rubella
 - 3 Hepatitis B

A student born AFTER July 1, 1993 and entering Seventh Grade

A student must have the above immunizations AND

- 1 Tdap booster
- 1 Varicella (chickenpox) history of disease acceptable, parent must sign verification statement on school immunization record

A student born AFTER July 1, 1996 and entering Kindergarten * 5 DTP/DTaP/DT

- ** 4 Polio
 - 2 Measles, Mumps, Rubella
 - 3 Hepatitis B
 - 2 Hepatitis A
- 1 Varicella (chickenpox) history of disease acceptable, parent must sign verification statement on school immunization record

*DTP/DTaP/DT – 4 doses if 4th dose was given on/after the 4th birthday **Polio—3 does if 3rd dose was given on/after the 4th birthday

SUMMARY OF REQUIREMENTS



PROGRESSIVE GRADE REQUIREMENTS

Beginning with 1999-2000 school year, Hepatitis B became a requirement for kindergarten entry. Beginning with 2002-2003 school year, Hepatitis A and Varicella became a requirement for

kindergarten entry. Beginning with 2006-2007 school year, Hepatitis B, Tetanus/Diphtheria booster (Td), and Varicella became a requirement for 7th grade entry. Beginning with 2007-2008 school year, Tetanus/Diphtheria/Pertussis is required for the booster dose. In order to keep track of which grades are required to have which of these immunizations, please refer to the charts below. Please keep in mind that the requirements are based upon a particular grade cohort or group. If a child repeats a grade, he is subject to the requirements of the new grade, even if his birth date is not in the range for requirement.

Students in all grades must have completed 5 DTP/DTaP/DT, 4 Polio, 2 Measles, Mumps, Rubella and then be immunized according to requirements for the grade cohort (see below).

HEPATITIS B ONLY

School Year Grades Required

2007-2008 6th

HEPATITIS B. TDAP BOOSTER, & VARICELLA

School YearGrades Required2007-20087th, 8th2008-20097th, 8th, 9th2009-20108th, 9th, 10th2010-20119th, 10th

HEPATITIS A, HEPATITIS B, & VARICELLA

School YearGrades Required2007-2008K, 1st, 2nd, 3rd, 4th, 5th2008-2009K, 1st, 2nd, 3rd, 4th, 5th, 6th2009-2010K, 1st, 2nd, 3rd, 4th, 5th, 6th2010-2011K, 1st, 2nd, 3rd, 4th, 5th, 6th

HEPATITIS A, HEPATITIS B, VARICELLA, &TDAP BOOSTER

School Year Grades Required

2009-2010 7th

2010-2011 7th, 8th

SUMMARY OF REQUIREMENTS



EARLY CHILDHOOD PROGRAM REQUIREMENTS

Children enrolled in Early Childhood Programs must be immunized appropriately for their age for the following immunizations:

Diphtheria Measles
Tetanus Mumps
Pertussis Rubella

Polio Haemophilus Influenzae

Type B (Hib)

Hepatitis B, Varicella, Hepatitis A, and PCV7 are recommended, but are not required for students in early childhood programs.

Routine kindergarten boosters are not required until kindergarten entry.



MINIMUM AGE AND MINIMUM INTERVAL

This table should be used to determine minimum intervals for "catching" children up who have fallen behind, otherwise the recommended schedule should be used.

FOOTNOTES TO FOLLOWING CHART:

- * If 4th dose was given on or after the 4th birthday, a 5th dose is not needed.
- ** Inactivated Polio Vaccine (IPV) is recommended for all four doses of the Polio series.
- *** If 3rd dose is given on or after the 4th birthday, the 4th dose is not needed. If 4th dose is needed, it should be given at 4-6 years of age.

SUMMARY OF REQUIREMENTS

MINIMUM AGE AND MINIMUM INTERVAL CHART

VACCINE	Minimum AGE for dose 1	Minimum INTERVAL dose 1 to 2	Minimum INTERVAL dose 2 to 3	Minimum INTERVAL dose 3 to 4	Minimum INTERVAL dose 4 to 5
DTaP/DTP/DT	6 weeks	4 weeks	4 weeks	6 months	6 months*
Polio**	6 weeks	4 weeks	4 weeks	4 weeks***	
MMR	12 months	4 weeks If the first dose of MMR is given before the 1st birthday, it must be repeated.			
Hepatitis B	birth	4 weeks	8 weeks (3rd dose should not be given earlier than 6 months of age)		d be 16 weeks ose 1 and 3.
Hib	6 weeks	4 weeks - if 1st dose given at age < 12 months 8 weeks (as final dose) - If 1st dose given at 12-14 months No further doses needed If 1st dose given at age ≥ 15 months	4 weeks - If current age < 12 months 8 weeks (as final dose) - If current age ≥ 12 months ≥ 2nd dose given at age < 15 months No further doses needed If previous dose given at age ≥ 15 months	8 weeks (as final dose) - This dose only necessary for children aged 12 months—5 yrs who received 3 doses before age 12 months	NOTE: Schedule may vary according to child's current age and previous number of doses received
Varicella (Chickenpox)	1 year	If Varicella and MMR are not given on the same day, space them at least 28 days apart.			
Hepatitis A	1 year	6 months			
Pneumococcal Conjugate (PCV7)	6 weeks	4 weeks - If 1st dose given at age < 12 months & current age < 24 months 8 weeks (as final dose) - If 1st dose given at age ≥ 12 months or current age 24- 59 months No further doses needed for healthy children if 1st dose given at age ≥ 24 months	4 weeks - If current age < 12 months 8 weeks (as final dose) - If current age ≥ 12 months No further doses needed for healthy children if previous dose given at age ≥ 24 months	8 weeks (as final dose) - This dose is only necessary for children age 12 months - 5 yrs who received 3 doses before age 12 months	NOTE: Schedule may vary according to child's current age and previous number of doses received
Tetanus/ Diphtheria (Td Booster)	Recommended at 11-12 years if at least 5 years have elapsed since the last dose of DTaP, DTP, DT. Boosters should be given every ten years.				

SECTION 3 APPENDICES

APPENDIX A

- 1. Utah Statutory Code Title 53A Chapter 11 Students in Public Schools
- 2. Utah Immunization Rule for Students (R396-100)

APPENDIX B

Exemption Policy

APPENDIX C

Common Vaccine Names

APPENDIX D

Frequently Asked Questions:

- 1. Admission/Entry
- 2. Exemptions
- 3. Immunization Record Review
- 4. Resources

UTAH STATUTORY CODE

Utah Code – Statutes and Constitution
Title 53 A – State System of Public Education
Chapter 11 – Students in Public Schools

53A-11-301. Certificate of immunization required.

- (1) Unless exempted for personal, medical, or religious objections as provided in Section 53A-11-302, a student may not attend a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family care home, or headstart program in this state unless there is presented to the appropriate official of the school a certificate of immunization from a licensed physician or authorized representative of the state or local health department stating that the student has received immunization against communicable diseases as required by rules adopted under Section 53A-11-303.
- (2) School districts may not receive weighted pupil unit monies for a student unless the student has obtained a certificate of immunization under this section or qualifies for conditional enrollment or an exemption from immunization under Section 53A-11-302.

1992

53A-11-302. Immunizations required -- Exceptions -- Grounds for exemption from required immunizations.

- (1) A student may not enter school without a certificate of immunization, except as provided in this section.
- (2) A student who at the time of school enrollment has not been completely immunized against each specified disease may attend school under a conditional enrollment if the student has received one dose of each specified vaccine prior to enrollment.
- (3) A student is exempt from receiving the required immunizations if there is presented to the appropriate official of the school one or more of the following:
- (a) A certificate from a licensed physician stating that due to the physical condition of the student one or more specified immunizations would endanger the student's life or health;

- (b) A completed form obtained at the local health department where the student resides, providing:
- (i) the information required under Subsection 53A-11-302.5(1); and
- (ii) a statement that the person has a personal belief opposed to immunizations, which is signed by one of the individuals listed in Subsection 53A-11-302(3)(c) and witnessed by the local health officer or his designee; or
- (c) a statement that the person is a bona fide member of a specified, recognized religious organization whose teachings are contrary to immunizations, signed by one of the following persons:
 - (i) one of the student's parents;
 - (ii) the student's guardian;
- (iii) a legal age brother or sister of a student who has no parent or guardian; or
 - (iv) the student, if of legal age.

1992

53A-11-302.5. Personal belief immunization exemption.

- (1) The Department of Health shall provide to all local health departments a form to be used by persons claiming an exemption from immunization requirements based on a personal belief opposed to immunization. The form shall include a statement printed on the form and drafted by the Department of Health stating the department's position regarding the benefits of immunization. The form shall require, at a minimum:
- (a) a statement claiming exemption from immunizations required under Section 53A-11-302, signed by a person listed under Subsection 53A-11-302(3)(c);
- (b) the name and address of the person who signs the form;
- (c) the name of the student exempted from immunizations; and $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}$
 - (d) the school at which the student is enrolling.
- (2) (a) The Department of Health shall provide these forms to the local health departments.
- (b) Local health departments shall make the forms available to the public upon request.
- (3) (a) A student enrolling in a school and who claims exemption from immunizations based on a personal belief shall complete the form described in Subsection (1) and provide it to the school officials at the school in which the student is enrolling.

(b) Students who prior to July 1, 1992, claimed an exemption from immunizations based on personal beliefs shall prior to December 1, 1992, complete the form described in Subsection (1) and provide it to the appropriate official of the school the student attends.

1992

53A-11-303. Regulations of department.

- (1) The Department of Health shall adopt rules to establish which immunizations are required and the manner and frequency of their administration.
- (2) The rules adopted shall conform to recognized standard medical practices.
- (3) The rules shall require the reporting of statistical information and names of noncompliers by the schools.

1988

53A-11-304. Certificate part of student's record -- Forms for certificates -- Transfer of immunization record to official certificate.

- (1) Each school shall retain official certificates of immunization for every enrolled student. The certificate becomes a part of the individual student's permanent school record and follows the student through his or her public or private school career.
- (2) The Department of Health shall provide official certificate of immunization forms to public and private schools, physicians, and local health departments. The forms referred to in this subsection shall include a clear statement of the student's rights under Section 53A-11-302.
- (3) Any immunization record provided by a licensed physician, registered nurse, or public health official may be accepted by a school official as a certificate of immunization if the type of immunization given and the dates given are specified and the information is transferred to an official certificate of immunization and verified by the school district in which the public or private school is located.

1988

53A-11-305. Immunization by local health departments -- Fees.

- (1) If a student has not been immunized against a disease specified by the Department of Health, he may be immunized by the local health department upon the request of his parent or guardian, or upon the student's request if he is of legal age. The local health department may charge a fee to cover the cost of administration of the vaccine.
- (2) The vaccine necessary for immunizations required under Sections 53A-11-301 and 53A-11-303 shall be furnished to local departments of health by the Department of Health. The Department of Health may recover all or part of the cost of vaccines purchased with state funds by charging local health departments a fee for those vaccines. Local health departments may pass the cost of the vaccine on to the student, his parent or guardian, or other responsible party. However, a child may not be refused immunizations by the local health department in his area of residence because of inability to pay.
- (3) The Department of Health shall establish the fee for administration of vaccines, as provided by Subsection (1), and shall establish fees for vaccines.

1988

53A-11-306. Conditional enrollment -- Suspension for noncompliance -- Procedure.

- (1) Conditional enrollment time periods may be modified by the department by legally adopted rules.
- (2) The requirements for conditional enrollment shall apply to each student unless that student is exempted under Section 53A-11-302.
- (3) After five days written notice of a pending suspension and of the student's rights under Section 53A-11-302 shall be mailed to the last-known address of a parent, guardian, or legal age brother or sister of a student who is without parent or guardian, the governing authority of any school shall prohibit further attendance by a student under a conditional enrollment who has failed to obtain the immunization required within time period set forth in Section 53A-11-302 or otherwise established by rule.
- (4) Parents or guardians of children who are prohibited from attending school for failure to comply with the provisions of

UTAH IMMUNIZATION RULE FOR STUDENTS

R396. Health, Family Health Services, Child Health. R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

- (1) This rule implements the immunization requirements of Title 53A, Chapter 11, Part 3. It establishes minimum immunization requirements for attendance at a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:
- (a) required doses and frequency of vaccine administration;
 - (b) reporting of statistical data; and
 - (c) time periods for conditional enrollment.
- (2) This rule is required by Section 53A-11-303 and authorized by Section 53A-11-306.

R396-100-2. Definitions.

As used in this rule:

"Department" means the Utah Department of Health.

"Early Childhood Program" means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.

"Exemption" means a relief from the statutory immunization requirements by reason of qualifying under Sections 53A-11-302 and 302.5.

"Parent" means a biological or adoptive parent who has legal custody of a child; a legal guardian, or the student, if of legal age.

"School" means a public, private, or parochial kindergarten, elementary, or secondary school through grade 12.

"School entry" means a student, at any grade, entering a Utah school or an early childhood program for the first time.

"Student" means an individual enrolled or attempting to enroll in a school or early childhood program.

R396-100-3. Required Immunizations.

(1) A student born before July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis,

Polio, Measles, Mumps, and Rubella.

- (2) A student born after July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Hepatitis B.
- (3) A student born after July 1, 1993 must also meet the minimum immunization requirements of the ACIP prior to entry into the seventh grade for the following antigens: Tetanus, Diphtheria, Pertussis, and Varicella.
- (4) A student born after July 1, 1996 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, and Varicella.
- (5) To attend a Utah early childhood program, a student must meet the minimum immunization requirements of the ACIP for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Haemophilus Influenza Type b prior to school entry.
- (6) The vaccinations must be administered according to the recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices (ACIP) as listed below which are incorporated by reference into this rule:
- (a) General Recommendations on Immunization: December 1, 2006/Vol 55/No. RR-15;
- (b) Immunization of Adolescents: November 22, 1996/ Vol. 45/No. RR-13;
- (c) Combination Vaccines for Childhood Immunization: May 14, 1999/Vol. 48/No. RR-5;
- (d) Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures: August 8, 1991/Vol. 40/No. RR-10;
- (e) Pertussis Vaccination: Use of Acellular Pertussis Vaccines Among Infants and Children: March 28, 1997/Vol. 46/No. RR-7;
- (f) Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices: November 17, 2000/Vol. 49/No. RR-13;
- (g) Preventing Tetanus, Diptheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diptheria Toxoid and Acellular Pertussis Vaccines: March 24, 2006/Vol. 55/No. RR-3;

- (h) A Comprehensive Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: December 23, 2005/Vol. 54/No. RR-6;
- (i) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older: January 11, 1991/Vol. 40/No. RR-1:
- (j) Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: September 17, 1993/ Vol. 42/No. RR-13;
- (k) Measles, Mumps, and Rubella-Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: May 22, 1998/Vol. 47/No. RR-8:
- (I) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps: June 9, 2006/Vol. 55/ No.22;
- (m) Poliomyelitis Prevention in the United States: May 19, 2000/Vo..49/No/ RR-5;
- (n) Prevention of Varicella: July 12, 1996/Vol. 45/No. RR-11;
- (o) Prevention of Varicella: Updated Recommendations of the Advisory Committee on Immunization Practices: May 28, 1999/Vol. 48/No. RR-6; and
- (p) Prevention of Hepatitis A Through Active or Passive Immunization: May 29, 2006/Vol. 55/No. RR-7.

R396-100-4. Official Utah School Immunization Record (USIR).

- (1) Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The Department shall provide copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.
- (2) Each school or early childhood program shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization. It shall transfer this information to the USIR with the following information:
 - (a) name of the student;
 - (b) student's date of birth;

- (c) vaccine administered; and
- (d) the month, day, and year each dose of vaccine was administered.
- (3) Each school and early childhood program shall maintain a file of the USIR for each student in all grades and an exemption form for each student claiming an exemption.
- (a) The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.
- (b) If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either:
- (i) return the USIR and any exemption form to the parent of a student; or
- (ii) transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program.
- (4) A representative of the Department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program.
- (5) Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

R396-100-5. Exemptions.

A parent claiming an exemption to immunization for medical, religious or personal reasons, as allowed by Section 53A-11-302, shall provide to the student's school or early childhood program the required completed forms. The school or early childhood program shall attach the forms to the student's USIR.

R396-100-6. Reporting Requirements.

- (1) Each school and early childhood program shall report the following to the Department in the form or format prescribed by the Department:
- (a) by November 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;
- (b) by November 30 of each year, a statistical report of the two-dose measles, mumps, and rubella immunization status

of all kindergarten through twelfth grade students;

- (c) by November 30 of each year, a statistical report of tetanus, diphtheria, pertussis, hepatitis B, varicella, and the two-dose measles, mumps, and rubella immunization status of all seventh grade students; and
- (d) by June 15 of each year, a statistical follow-up report of those students not appropriately immunized from the November 30 report in all public schools, kindergarten through twelfth grade.
- (2) The information that the Department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.

R396-100-7. Conditional Enrollment and Exclusion.

A school or early childhood program may conditionally enroll a student who is not appropriately immunized as required in this rule. To be conditionally enrolled, a student must have received at least one dose of each required vaccine and be on schedule for subsequent immunizations. If subsequent immunizations are one calendar month past due, the school or early childhood program must immediately exclude the student from the school or early childhood program.

- (1) A school or early childhood program with conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.
- (2) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

R396-100-8. Exclusions of Students Who Are Under Exemption and Conditionally Enrolled Status.

- (1) A local or state health department representative may exclude a student who has claimed an exemption to all vaccines or to one vaccine or who is conditionally enrolled from school attendance if there is good cause to believe that the student has a vaccine preventable disease and:
- (a) has been exposed to a vaccine-preventable disease; or
- (b) will be exposed to a vaccine-preventable disease as a result of school attendance.

(2) An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.

R396-100-9. Penalties.

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

KEY: Immunization, Rules and Procedures Date of Last Substantive Amendment: May 7, 2007 Authorizing, and Implemented or Interpreted Law: 53A-11-303; 53A-11-306

APPENDIX B - Exemption Policy



CLAIMING AN EXEMPTION

A parent may claim an exemption to immunization for medical, religious, or personal reasons, as allowed by Section 53A-11-302 of the Utah Statutory Code. Each exemption claimed must be accompanied by the appropriate Utah Department of Health Exemption Form. Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for kindergarten through twelfth grade Exemptions and exemption forms do not apply to college/university attendance.

MEDICAL EXEMPTION: If a parent/guardian claims a medical exemption for a student, a Medical Exemption Form must be completed and signed by the student's licensed physician only. (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or for all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/ guardian will present the WHITE copy to the school or early childhood program official. This WHITE copy must be attached to student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Health care providers may obtain the Medical Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.

Parents/Guardians my obtain
Personal or Religious
exemption forms at their
county or local health
department.

APPENDIX C - Common Vaccine Names



COMMON VACCINE NAMES

The following table is provided as a reference for school and early childhood program personnel as well as health care professionals who evaluate immunization records. To lessen any confusion, **PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES** (e.g., DTaP, MMR, Hepatitis B) instead of brand names.

Not every vaccine in this table is required for entry in a Utah school or early childhood program. To verify if a vaccine is required, please see pages 18 - 20 for the summary of requirements.

Some vaccines listed here are not currently in use, but were used in the past. They are included here to assist in evaluating immunization records for compliance.

This list does not include vaccine brands available in other countries.

^{*} Vaccine not required for early childhood program or school entry.

Common Vaccine Names		
Vaccine/Combination Vaccine (by Generic Name or Trade Name)	Vaccine Components	
ACEL-IMUNE®	Diphtheria/Tetanus/acellular Pertussis	
ActHIB [®]	Haemophilus Influenzae type b	
ADACEL TM	Tetanus/Diphtheria/acellular Pertussis	
Attenuvax [®]	Measles	
Boostrix ™	Tetanus/Diphtheria/acellular Pertussis	
Certiva [™]	Diphtheria/Tetanus/acellular Pertussis	
COMVAX TM	Hepatitis B/Haemophilus Influenzae type b	
DAPTACEL TM	Diphtheria/Tetanus/acellular Pertussis	
DT	Diphtheria/Tetanus	
DTaP	Diphtheria/Tetanus/acellular Pertussis	
DTP	Diphtheria/Tetanus/whole cell Pertussis	
DTwP	Diphtheria/Tetanus/whole cell Pertussis	
Engerix-B [®]	Hepatitis B	
Havrix [®]	Hepatitis A	
HibTITER®	Haemophilus Influenzae type b	
$Infanrix^{TM}$	Diphtheria/Tetanus/acellular Pertussis	
IPV	Polio (Inactivated Polio Vaccine)	
IPOL®	Polio (Inactivated Polio Vaccine)	
Menactra ™	Meningococcal Conjugate vaccine (also called MCV4) *	
Meruvax II®	Rubella	
MR	Measles/Rubella	
MMR	Measles/Mumps/Rubella	
M-M-R II®	Measles/Mumps/Rubella	
Mumpsvax [®]	Mumps	
OmniHIB™	Haemophilus Influenzae type b	
OPV	Polio (Oral Polio Vaccine)	
ORIMUNE®	Polio (Oral Polio Vaccine)	
PEDIARIX TM	Diphtheria/Tetanus/acellular Pertussis, Hepatitis B, and Inactivated Polio	
PedvaxHIB [®]	Haemophilus Influenzae type b	
Prevnar	Pneumococcal Conjugate (PCV7) vaccine *	
ProHIBIT™	Haemophilus Influenzae type b (only for children ≥ 18 months of age)	
RECOMBIVAX HB®	Hepatitis B	
"Sabin"	Polio (Oral Polio Vaccine)	
"Salk"	Polio (Inactivated Polio Vaccine)	
Td	Tetanus/ Diphtheria (for ≥ 7 years of age)	
TETRAMUNE®	Diphtheria/Tetanus/whole cell Pertussis/Haemophilus Influenzae type b	
TriHIBIT®	Diphtheria/Tetanus/acellular Pertussis/Haemophilus Influenzae type b	
Tripedia [®]	Diphtheria/Tetanus/acellular Pertussis	
VAQTA®	Hepatitis A	
VARIVAX®	Varicella (chickenpox)	



ADMISSION/ENTRY

- 1. What records are required for school or early childhood program entry? All children enrolled in a school or early childhood program MUST have an immunization record which documents all doses and dates for all required vaccines received. Before a child enters a school or early childhood program, the parent/guardian must present the student's immunization record with the following information:
- (a) the **name** of each required vaccine;
- (b) the date (month/day/year) of each dose received;
- (c) written verification of all doses by a physician, clinic, or other authorized medical provider.
- 2. How can a student be admitted/enrolled in a school or early childhood program conditionally? To be conditionally admitted/enrolled, a student MUST have received at least one dose of each required vaccine and be on schedule for the next immunization. If the subsequent immunization is one month past due, the student will be considered not-in-compliance and the process to exclude the student from school or early childhood program must begin.



EXEMPTIONS

- 1. Are there any allowable exemptions? Yes. The Utah Immunization Rule for Students allows an exemption to be claimed for medical, religious, or personal reasons. Please see section 3 (page 28) in this guidebook for specific procedures to be followed to claim an exemption.
- 2. Are the exempted children to be excluded from school in the event of an outbreak? Yes. In the event of an outbreak children who are conditionally enrolled and those who have claimed an exemption are to be encouraged to complete immunizations or are to be excluded from school. These children are at most risk for contracting a vaccine-preventable disease. Refer to Appendix A Utah Immunization Rule for Students (Section R396-100-8).



IMMUNIZATION RECORD REVIEW

- 1. A parent is adamant that his/her child has been vaccinated, but can not provide written documentation. Can the child be admitted into school or an early childhood program? No. Children without immunization records can not be admitted. It is the parent/guardian's responsibility to have written documentation of each child's immunization status. If the record can not be located, the child should be vaccinated in an age appropriate manner with one dose of each required vaccine. The facility then has the responsibility to follow up to ensure that written records or additional vaccines are received in a timely manner.
- 2. A child received vaccinations in another country. Can those records be accepted? They can be accepted <u>IF</u> the same dosing schedule that is used in the United States was used. Often foreign countries use a different schedule than in the U.S. The Utah Immunization Rule is based on the schedule that is used in the U.S.
- 3. A parent has a partial record and/or statement signed by a physician stating "All doses received", "Complete", "Up To Date", "Primary series complete", or other similar statements. Can this be accepted as proof of immunization? No. Statements regarding immunizations which do not contain complete dates for all doses received are NOT adequate for attendance. The parent should contact their physician and request a new record documenting all vaccinations and dates administered.
- 4. Why must vaccines be repeated if received before the minimum age or interval? Children who receive vaccines before the minimally recommended age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically received a "shot", it may have been ineffective in protecting the child against disease. By consistently maintaining the minimum age and

interval requirement for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart in Section 2 (page 16).

- **5**. Can a titer be accepted instead of vaccination? No. Titers can not be accepted as proof of immunity. According to Dr. Greg Wallace, CDC National Immunization Program, "(Serologic) testing is expensive, time-consuming, and difficult to interpret. Many of the tests require specialized laboratories and that blood be drawn in a defined time period after vaccination."
- 6. The immunization record shows that some vaccines were given at intervals <u>longer</u> than those recommended. Do these vaccines need to be repeated? No. All doses given at intervals *longer* than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.
- 7. How does Utah determine the required immunization schedule? Utah's Immunization Rule for Students is based upon the "Recommended Childhood Immunization Schedule" published by the Centers for Disease Control and Prevention (CDC). This schedule is developed from the recommendations of the national Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sector, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah's requirements, the Utah Scientific Vaccine Advisory Committee evaluates the ACIP recommendations and determines their appropriateness/feasibility to Utah's unique situations and makes recommendations to the Utah Department of Health as to which immunizations should be required for school entry.
- 8. What criteria are used to determine if a student is in compliance with Utah's immunization requirements? In order to determine if a child meets the requirements of the Utah Immunization Rule for Students, the following must be considered:
 - (a) the student's age;
 - (b) whether the student is in a school or early childhood program (requirements may differ depending on facility student is attending; i.e. Hib is not required for entry into kindergarten).

- (c) whether the student's immunization history indicates:
- (i) verification by a medical provider (health care provider signature or health clinic stamp)
- (ii) month, day, and year each vaccine was administered.
- (iii) sufficient spacing intervals between doses.

These variables make it difficult to describe all possible situations which a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions which can not be answered by this guidebook, please call the Immunization Hotline 1-800-275-0659 or the Utah Immunization Program at 801-538-9450 for consultation.



RESOURCES

1. Is there information available about immunizations

Yes. The Utah Immunization Program website www.immunize-utah.org has information about immunizations in Utah. The website is going through some big changes in order to provide the most current and useful information. Future editions of this guidebook will be available on the website to download. Please visit the website periodically to learn more about the latest on immunization issues.

The Utah Immunization Program may also be reached: Phone - (801) 538-9450 or Fax - (801) 538-9440. The address is: Utah Immunization Program 288 North 1460 West P.O. Box 142001 Salt Lake City, Utah 84114-2001

Immunization Hotline: 1-800-275-0659

2. Are there other sources of information available on the internet? Yes. There are many sources for great information on the internet. The following is a list of some of them.

American Academy of Pediatrics (AAP) – Policy statements, student, community information, "Red Book" order information . www.aap.org

Bill & Melinda Gates Children's Vaccine Program – A non-profit organization which focuses on children in developing countries, but information is also applicable in the United States. www.childrensvaccine.org

Centers for Disease Control and Prevention (CDC) – Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses. www.cdc.gov

1. CDC Home Page

In the News (announcements, hot topics, etc.)

Health information

Publications, software, and products

Data and Statistics

Training and employment

Electronic Morbidity and Mortality Weekly Report (MMWR)

- free email subscription

Electronic Emerging Infectious Disease Journal

CDC Prevention Guidelines

Advisory Committee on Immunization Practices (ACIP) -

vaccine recommendations

Access to individual state immunization program home pages

- 2. International Travel online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent "Health Information for International Travel" (the Yellow Book). www.cdc.gov/travel
- 3. National Center for Immunization and Respiratory Diseases (NCIRD) Formally the National Immunization Program Upcoming events, announcements, publications, including "Epidemiology and Prevention of Vaccine-Preventable Diseases" (the Pink Book), Vaccine Information Statements (VIS), Clinic Assessment Software Application (CASA), Vaccine Safety Information.

www.cdc.gov/vaccines

- 4. Hepatitis Branch www.cdc.gov/hepatitis
- 5. Spanish Language www.cdc.gov/spanish
- 6. *Morbidity and Mortality Weekly Report (MMWR)* Free subscription via email. <u>www.cdc.gov/mmwr</u>

Children's Hospital of Philadelphia (CHOP) – Vaccine Education Center; great resources for families and professionals. www.vaccine.chop.edu

Immunization Action Coalition (IAC) – Dependable source on a variety of immunization issues

1. Home Page
www.immunize.org

- 2. General Resources www.immunize.org/resources
- 3. *IAC Express Free email news services* express@immunize.org
- 4. Vaccine Information Statements (VIS) English and many other languages www.immunize.org/vis

National Alliance for Hispanic Health – Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos.

www.hispanichealth.org or call 202-387-5000

The Food and Drug Administration (FDA)

Vaccine Adverse Events Reporting System (VAERS) - site explains this safety system and provides vaccine information www.vaers.hhs.gov

The National Network for Immunization Information www.immunizationinfo.org

The Vaccine Page www.vaccines.org

Toll Free Numbers

CDC Immunization Information – 1-800-CDC-INFO or (1-800-232-4636)

Utah Department of Health
Utah Immunization Program
PO Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001
(801) 538-9450
www.immunize-utah.org